

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005615

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 143

STATE FILE NUMBER

FILED MAR 14 1963

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 14 North Ellis	
3. NAME OF DECEASED (Type or print) THOMAS G. WHITELAW		4. DATE OF DEATH Month March Day 5 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/21, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Overseer, ret.		10b. KIND OF BUSINESS OR INDUSTRY Drainage Dist.	
13a. FATHER'S NAME Robert K. Whitelaw		13b. MOTHER'S MAIDEN NAME Katie Block	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 365 Mrs. Thomas G. Whitelaw	
18. CAUSE OF DEATH (Enter only one cause, primary cause first) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Chronic nephrosclerosis DUE TO (c) Generalized arteriosclerosis		12. CITIZEN OF WHAT COUNTRY U. S. INTERVAL BETWEEN ONSET AND DEATH 6 days 10 yrs Indefinite	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:40 a.m. p.m. Month, Day, Year 3/5/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Cape Girardeau, Missouri	
21. I attended the deceased from 2-27-63 to 3/5/63 and last saw him alive on 3/5/63 Death occurred at 8:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 3/9/63	
22a. SIGNATURE Jo R Cochran MD.		22b. ADDRESS 24 North Sprigg Cape Girardeau, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 7, 1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR Walther's Funeral Home		25. DATE RECD. BY LOCAL REG. 3-11-63	
26. REGISTRAR'S SIGNATURE Drene Kasten			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

2168

2168

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David C. Luepke

Licensed Embalmer No. 5085

P. O. Address

Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.